



# Implementation of the UB-04

February 2009

ICN 006926

## What is the UB-04?

The UB-04 is the basic hardcopy form and is also known as the Form CMS-1450. The paper claim form required by CMS is only accepted from institutional providers (hospitals, skilled nursing facilities, home health agencies, etc.) excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act (ASCA), Public Law 107-105, and the implementing regulation at 42 CFR 424.32. For more information on ASCA, visit [http://www.cms.hhs.gov/ElectronicBillingEDITrans/04\\_Administrative%20Simplification%20Compliance%20Act%20Enforcement%20Reviews.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/04_Administrative%20Simplification%20Compliance%20Act%20Enforcement%20Reviews.asp) on the CMS website.

## Background

The National Uniform Billing Committee (NUBC) is responsible for the design and printing of the UB-04 form. The 837 Institutional electronic claim format is the electronic version of the form and is in use by providers who submit claims electronically.

The NUBC is a voluntary, multidisciplinary committee that develops data elements for claims and claim-related transactions, and it is composed of all major national provider and payer organizations (including Medicare).

Information on the UB-04 is available through the NUBC website at <http://www.nubc.org> on the Internet.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



This is an image of the UB-04 Form

[illegible]

## Here are a few details about the UB-04:

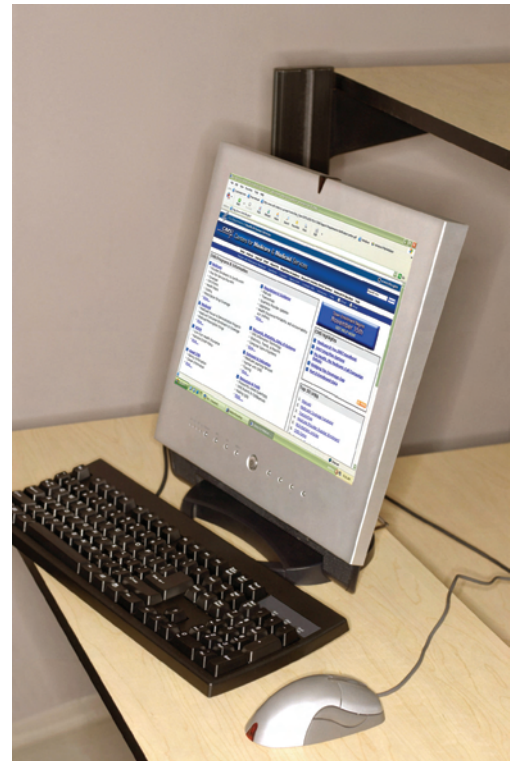
- The UB-04 is a uniform institutional provider claim form suitable for billing multiple third party payers. All payers will not require the use of the same data elements. Check with each payer to determine individual requirements.
- A provider filing a UB-04 should retain the copy designated “Institution Copy” and submit the remaining copies to its Fiscal Intermediary (FI), Medicare Administrative Contractor (MAC), managed care plan, or other insurer.
- Instructions for completing inpatient and outpatient claims are the same unless otherwise noted.
- If a provider omits any required data, the FI/MAC will either ask for the missing data or obtain the data from other sources. The FI/MAC will maintain the data on its history record.
- Data elements in the CMS uniform electronic billing specifications are consistent with the UB-04 data set to the extent that one processing system can handle both. The definitions are identical, although in some situations, the electronic record contains more characters than the corresponding item on the form because constraints on the form size are not applicable to the electronic record. Further, the revenue coding system is the same for both the UB-04 and the electronic specifications.

## UB-04 Data Elements

The following table shows data requirements for the UB-04. Each line contains a form locator (FL) and a narrative description is used to label the FL. A “Line” field is used so that you will know which line to use to record the information. For example, a provider should enter its provider name on line 1 in FL 1. It should enter its street address on line 2 in FL 1. The “Type” field identifies if the data elements are alphabetic characters or numeric characters. Here is how to interpret this field:

A = Alphabetic character  
N = Numeric character  
AN = Alphanumeric character

The “Size” field lets you know how many characters are allowed within the field. For example, line 1 of FL 1 will allow a provider to enter up to 25 alphanumeric characters whereas line 1 of FL 5 only allows a provider to enter 4 alphanumeric characters.



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FL	Description	Line	Type	Size Notes
1	Provider Name	1	AN	25
	Provider Street Address	2	AN	25
	Provider City, State, Zip	3	AN	25
	Provider Telephone, Fax, Country Code	4	AN	25
2	Pay-to Name	1	AN	25
	Pay-to Address	2	AN	25
	Pay-to City, State	3	AN	25
	Pay-to ID	4	AN	25
3a	Patient Control Number	1	AN	24
3b	Medical Record Number	1	AN	24
4	Type of Bill	1	AN	4
5	Federal Tax Number	1	AN	4
	Federal Tax Number	2	AN	10
6	Statement Covers Period - From/Through	1	N/N	6/6
7	Unlabeled	1	AN	7
	Unlabeled	2	AN	8
8	Patient Name - ID	1a	AN	19
	Patient Name	2b	AN	29
9	Patient Address - Street	1a	AN	40
	Patient Address - City	2b	AN	30
	Patient Address - State	2c	AN	2
	Patient Address - Zip	2d	AN	9
	Patient Address - Country Code	2e	AN	3
10	Patient Birthdate	1	N	8
11	Patient Sex	1	AN	1
12	Admission Date	1	N	6
13	Admission Hour	1	AN	2
14	Type of Admission/Visit	1	AN	1
15	Source of Admission	1	AN	1
16	Discharge Hour	1	AN	2
17	Patient Status Code	1	AN	2

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FL	Description	Line	Type	Size Notes
18 - 28	Condition Codes		AN	2
29	Accident State	1	AN	2
30	Unlabeled	1	AN	12
	Unlabeled	1	AN	13
31 - 34	Occurrence Code/Date	a	AN/N	2/6
	Occurrence Code/Date	b	AN/N	2/6
35 - 36	Occurrence Span Code			
	From/Through	a	AN/N/N	2/6/6
	Occurrence Code/Date			
	From/Through	b	AN/N/N	2/6/6
37	Unlabeled	a	AN	8
	Unlabeled	b	AN	8
38	Responsible Party Name/Address	1	AN	40
	Responsible Party Name/Address	2	AN	40
	Responsible Party Name/Address	3	AN	40
	Responsible Party Name/Address	4	AN	40
	Responsible Party Name/Address	5	AN	40
39 - 41	Value Code - Code	a - d	AN	2
	Value Code - Amount	a - d	N	9
42	Revenue Code	1 - 23	N	4
43	Revenue Code Description	1 - 23	AN	24
43 - 44	Page___ of ___ Creation Date	23	N/N	3/3
44	HCP/PCS/Rates/HIPPS Rate Codes	1 - 23	AN/N/AN	14
45	Service Date	1 - 23	N	6
46	Units of Service	1 - 23	N	7
47	Total Charges	1 - 23	N	9
48	Non-Covered Charges	1 - 23	N	9
49	Unlabeled	1 - 23	AN	2
50	Payer Name - Primary	A	AN	23
	Payer Name - Secondary	B	AN	23
	Payer Name - Tertiary	C	AN	23

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FL	Description	Line	Type	Size Notes
51	Health Plan ID	A	AN	15
	Health Plan ID	B	AN	15
	Health Plan ID	C	AN	15
52	Release of Information - Primary	A	AN	1
	Release of Information - Secondary	B	AN	1
	Release of Information - Tertiary	C	AN	1
53	Assignment of Benefits - Primary	A	AN	1
	Assignment of Benefits - Secondary	B	AN	1
	Assignment of Benefits - Tertiary	C	AN	1
54	Prior Payments - Primary	A	N	10
	Prior Payments - Secondary	B	N	10
	Prior Payments - Tertiary	C	N	10
55	Estimated Amount Due - Primary	A	N	10
	Estimated Amount Due - Secondary	B	N	10
	Estimated Amount Due - Tertiary	C	N	10
56	National Provider Identifier (NPI)	1	AN	15
57	Other Provider ID	A	AN	15
	Other Provider ID	B	AN	15
	Other Provider ID	C	AN	15
58	Insured's Name - Primary	A	AN	25
	Insured's Name - Secondary	B	AN	25
	Insured's Name - Tertiary	C	AN	25
59	Patient's Relationship - Primary	A	AN	2
	Patient's Relationship - Secondary	B	AN	2
	Patient's Relationship - Tertiary	C	AN	2
60	Insured's Unique ID - Primary	A	AN	20
	Insured's Unique ID - Secondary	B	AN	20
	Insured's Unique ID - Tertiary	C	AN	20
61	Insurance Group Name - Primary	A	AN	14
	Insurance Group Name - Secondary	B	AN	14
	Insurance Group Name - Tertiary	C	AN	14
62	Insurance Group Number - Primary	A	AN	17
	Insurance Group Number - Secondary	B	AN	17
	Insurance group Number - Tertiary	C	AN	17



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FL	Description	Line	Type	Size Notes
63	Treatment Authorization Code - Primary	A	AN	30
	Treatment Authorization Code - Secondary	B	AN	30
	Treatment Authorization Code - Tertiary	C	AN	30
64	Document Control Number	A	AN	26
	Document Control Number	B	AN	26
	Document Control Number	C	AN	26
65	Employer Name - Primary	A	AN	25
	Employer Name - Secondary	B	AN	25
	Employer Name - Tertiary	C	AN	25
66	Diagnosis Version Qualifier		AN	1
67	Principal Diagnosis		AN	8
67A	Other Diagnosis		AN	8
67B	Other Diagnosis		AN	8
67C	Other Diagnosis		AN	8
67D	Other Diagnosis		AN	8
67E	Other Diagnosis		AN	8
67F	Other Diagnosis		AN	8
67G	Other Diagnosis		AN	8
67H	Other Diagnosis		AN	8
67I	Other Diagnosis		AN	8
67J	Other Diagnosis		AN	8
67K	Other Diagnosis		AN	8
67L	Other Diagnosis		AN	8
67M	Other Diagnosis		AN	8
67N	Other Diagnosis		AN	8
67O	Other Diagnosis		AN	8
67P	Other Diagnosis		AN	8
67Q	Other Diagnosis		AN	8
68	Unlabeled	1	AN	8
68	Unlabeled	2	AN	9
69	Admitting Diagnosis Code	1	AN	7
70	Patient's Reason for Visit	a	AN	7
	Patient's Reason for Visit	b	AN	7
	Patient's Reason for Visit	c	AN	7
71	PPS Code	1	AN	3
72	External Cause of Injury Code (E-code)	a	AN	8
	External Cause of Injury Code (E-code)	b	AN	8
	External Cause of Injury Code (E-code)	c	AN	8

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FL	Description	Line	Type	Size Notes
73	Unlabeled	1	AN	9
74	Principal Procedure Code/Date	1	N/N	7/6
74a	Other Procedure Code/Date		N/N	7/6
74b	Other Procedure Code/Date		N/N	7/6
74c	Other Procedure Code/Date		N/N	7/6
74d	Other Procedure Code/Date		N/N	7/6
74e	Other Procedure Code/Date		N/N	7/6
75	Unlabeled	1	AN	3
	Unlabeled	2	AN	4
	Unlabeled	3	AN	4
	Unlabeled	4	AN	4
76	Attending - NPI/QUAL/ID	1	AN/AN/AN	11/2/9
	Attending - Last/First Name	2	AN/AN	16/12
77	Operating - NPI/QUAL/ID	1	AN/AN/AN	11/2/9
	Operating - Last/First Name	2	AN/AN	16/12
78	Other ID - QUAL/NPI/QUAL/ID	1	AN/AN/AN/AN	2/11/2/9
	Other ID - Last/First Name	2	AN/AN	16/12
79	Other ID - QUAL/NPI/QUAL/ID	1	AN/AN/AN/AN	2/11/2/9
	Other ID - Last/First Name	2	AN/AN	16/12
80	Remarks	1	AN	19
	Remarks	2	AN	24
	Remarks	3	AN	24
	Remarks	4	AN	24
81	Code - Code - QUAL/CODE/VALUE	a	AN/AN/AN	2/10/12
	Code - Code - QUAL/CODE/VALUE	b	AN/AN/AN	2/10/12
	Code - Code - QUAL/CODE/VALUE	c	AN/AN/AN	2/10/12
	Code - Code - QUAL/CODE/VALUE	d	AN/AN/AN	2/10/12

### Additional Information

If you have any questions about this information, please contact your FI, Regional Home Health and Hospice Intermediary (RHHI), or MAC at its toll-free number. Phone numbers may be found in a zip file at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

CMS has received Office of Management and Budget (OMB) approval for the UB-04, as required under the Paperwork Reduction Act. You can find Form CMS-1450 UB-04 completion and coding instructions in Change Request 5072 by visiting <http://www.cms.hhs.gov/Transmittals/downloads/R1104CP.pdf> on the CMS website.

For information on the UB-04 visit the *Medicare Claims Processing Manual 100-04*, Chapter 25, at <http://www.cms.hhs.gov/manuals/downloads/clm104c25.pdf> on the CMS website.